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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 391236

(7)

1. Corporation Name

HENDRICKS CONSTRUCTION, INC.

Principal Place of Business

19697 RIVERSIDE DR.  
P. O. BOX 9706  
TEQUESTA FL 33469  
US

Mailing Address

19697 RIVERSIDE DR.  
P. O. BOX 9706  
TEQUESTA FL 33469-2137  
US



3. Date Incorporated or Qualified  
11/11/1971

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2800 BROADWAY

Suite, Apt. #, etc.

22 RIVIERA BEACH

City & State

23 FLORIDA

Zip

24 33404

Country

25 PALM BCH

2a. Mailing Address

26 19697 RIVERSIDE DR

Suite, Apt. #, etc.

27 TEQUESTA

City & State

28 FLA

Zip

29 33469

Country

30 PALM BCH

4. FEI Number

59-1370711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HENDRICKS, GAYLORD E  
19697 RIVERSIDE DR  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE GAYLORD E HENDRICKS PRES

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HENDRICKS, GAYLORD E  
STREET ADDRESS 19697 RIVERSIDE DR  
CITY - ST - ZIP TEQUESTA FL

☐ DELETE

TITLE STD  
NAME HENDRICKS, NANCY J  
STREET ADDRESS 19697 RIVERSIDE DR  
CITY - ST - ZIP TEQUESTA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gaylord E Hendricks 1/13/97 961 744-5078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)